

Vehicle No. _____

VEHICLE OPERATOR CHECKLIST

(TRIP/DAILY OPERATOR CHECKLIST)

Tires	Replace	Leaking
R.F.		
R.R.		
L.F.		
L.R.		

UPPER SECTION: INSPECT EACH ITEM APPLICABLE TO VEHICLE.

✓ IF OK / LEAVE BLANK IF NOT OK & NOTE BELOW / WRITE "N/A" IF NOT APPLICABLE TO VEHICLE.

Item Inspected	✓ if ok	Item Inspected	✓ if ok
Motor Oil Level (inspect every 1,000 miles or monthly, whichever is sooner)		Wipers and Reservoir	
Transmission Fluid		Seat Belts	
Power Steering Fluid and Hydraulic System		Mirrors (side and rear) and Windshield	
Battery (corrosion, loose cables)		Gas Cap	
Engine Coolant Level - do not open radiator - check coolant recovery reservoir (monthly)		Cleanliness of vehicle (operator's responsibility)	
Leaks/Puddles under vehicle		Standard Form 269 (Accident ID card in vehicle)	
Tires, Spare, Jack and Tools		Gas Credit Card in vehicle	
Brakes and Brake Fluid		Vehicle Registration in vehicle	
Lights (Head / Tail / Parking / Emergency)		Operator's Manual in vehicle	
		Condition of vehicle body and/or new damage	

LOWER SECTION: CHECK (✓) ONLY ITEMS NEEDING ATTENTION.

ENGINE	Overheating		STEERING	Shimmy / Wander		
	Oil Leaking			Hard Steering / Free Play		
	Oil Low			Power Steering Fluid Low		
	Oil Pressure Loss			ELECTRICAL (circle item)	Headlights / Parking Lights	
	No Power				Emergency / Backup Lights	
	Knocks / Noisy				Battery / Starter / Alternator	
	Lopes / Misfires				Horn / Turn Signals / Switches	
TRANS/ CLUTCH	Fluid Leaking		COOLING Do not open radiator when hot	Overheating		
	Oil / Transmission Fluid Low			Engine Coolant Level Low		
	Grabs			Radiator Leaking		
	Slips			Water Pump/Cooling Hose Leaks		
	Chatters / Noisy		FUEL & EXHAUST	Muffler		
	Hard Shifting			Exhaust Pipe		
FRONT AXLE	Alignment			Fuel Odor Noticed		
	Wheel Balance			Carburetor		
	Tire Wear			Pedal Travel (Excess)		
REAR AXLE	Noisy (at what speed? _____)		Emissions / Smoke (Excess)			
	Oil Leaking					

DRIVER'S COMMENTS / NEW DAMAGE NOTED (use back if necessary): _____

Driver: _____ **Mgr:** _____
Printed Name Ext. Date Signature or Initials Initials

INSTRUCTIONS: Non-Facilities Drivers: If problems, deficiencies, unsafe conditions and/or new damage is noticed while inspecting or driving the vehicle, at your earliest opportunity, fax completed Checklist to the **Campus Auto Shop, Fax No. 3692**, and immediately report such problems to the appropriate person in your department. **FM:** Follow internal procedure, turn in monthly checklist to your manager or as instructed, managers forward to Auto Shop.